

L19000258187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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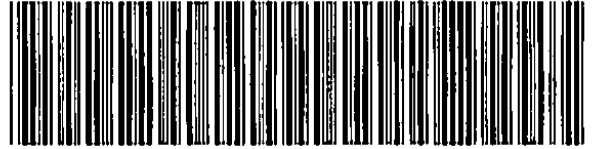
(Business Entity Name)

(Document Number)

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FILED
2020 NOV -9 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FL

12/16/20
a

TO: Registration Section
Division of Corporations

SUBJECT: ABSOLUTE PROFESSIONAL SALON & SUPPLY, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAULI DEL CARMEN CASTILLO NUNEZ

Name of Person

ABSOLUTE PROFESSIONAL SALON & SUPPLY, LLC.

Firm/Company

3779 METRO PKWY, APT 12205

Address

FT MYERS, FL 33915

City/State and Zip Code

absoluteflusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAULI DEL CARMEN CASTILLO NUNEZ

at (239) 645-6867

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF **FILED**

ABSOLUTE PROFESSIONAL SALON & SUPPLY, LLC.

2020 NOV -9 PH 4: 11

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/14/2019 and assigned
Florida document number L19000258187.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AP SALON & SUPPLY, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3779 METRO PKWY, APT 12205

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS

FL 33915

Enter new mailing address, if applicable:

3779 METRO PKWY, APT 12205

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS

FL 33915

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TAULI DEL CARMEN CASTILLO NUNEZ

New Registered Office Address:

3779 METRO PKWY, APT 12205

Enter Florida street address

FORT MYERS

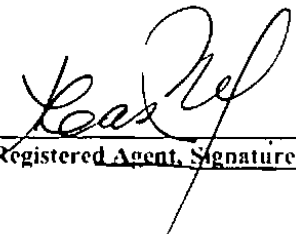
City

Florida 33915

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	MARIA T CUQUEJO	1306 SE 13TH ST	<input type="checkbox"/> Add
		CAPE CORAL	<input checked="" type="checkbox"/> Remove
		FL 33990	<input type="checkbox"/> Change
MGR	TAULI DEL CARMEN CASTILL	3779 METRO PKWY, APT 12205	<input checked="" type="checkbox"/> Add
		FT MYERS	<input type="checkbox"/> Remove
		FL 33915	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

Dated NOVEMBER 6, 2020 1

Signature of a member or authorized representative of a member

Typed or printed name of signee